## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼				
FREEDOMWORKS FOR AMERICA	C C00499020				
Check If 24-hour report X 48-hour report Amends report filed on M M / D D / Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Adcoprint.com	Date				
Mailing Address 8412 Sabal Industrial Blvd.	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City State Zip Code	Amount				
Tampa FL 33619	86903.81				
	Transaction ID : SE.76957 e Sought: House State: FL Senate District: 00				
Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Chec	President  Sk One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For: Primary General				
	Other (specify)				
Full Name (Last, First, Middle Initial) of Payee Bill Barnett	Date 08 14 2012				
Mailing Address 815 Hallowell Circle					
	Amount				
City State Zip Code Orlando FL 32828	337.60 Transaction ID : SE.76954				
	e Sought: House State: FL Senate District: 00				
Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Chec	President  Ck One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 931.31 Disb 2012	ursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	87241.41				
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ryan Hecker  [Electronically Filed] Date	8 25 2012				
Signature					

## Image# 12952844526 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PAGE OF FOR SE OF FORM 24/48 NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼ FREEDOMWORKS FOR AMERICA C00499020 Check If New report 24-hour report X 48-hour report Amends report filed on Full Name (Last, First, Middle Initial) of Payee Date Freedomworks 80 12 2012 Mailing Address 400 N CAPITOL STREET NW SUITE 765 Amount City State Zip Code 216.49 Washington DC 20001 Transaction ID: SE.76952 State: Office Sought: Purpose of Expenditure House FL Category/ IE-Mack-Travel 002 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Support CONNIE MACK Check One: Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 216.49 2012 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date Luz Gonzalez 08 2012 Mailing Address 9355 SW 84th Terrace Amount City State Zip Code 377.22 FL Miami 33173 Transaction ID: SE.76953 State: Office Sought: House Purpose of Expenditure FL Category/ IE-Mack-Travel 002 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose CONNIE MACK Disbursement For: **General** Primary Calendar Year-To-Date Per Election 593.71 2012 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 593.71 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ryan Hecker	[Electronically Filed]	Date	08	25	/	2012
Signature						

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

FREEDOMWORKS FOR AMERICA  Check If 24-hour report  48-hour report  New report  Amends report filled on  3 15	(SCHEDULE E)	PAGE 3 OF 4 FOR SE OF FORM 24/48			
Check If 24-hour report  48-hour report  New report  Amends report filed on  18	· ·	FEC IDENTIFICATION NUMBER ▼			
Check II   24-hour report   Als-hour report   New report   Amends report lied on	FREEDOMWORKS FOR AMERICA	C C00499020			
Larimer & Sears LLC  Malling Address 570 Liberty St. SE  City State Zip Code Salem OR 97301  Furpose of Expenditure [E-Nelson-Research/Witing]  Name of Federal Candidate Supported or Opposed by Expenditure: Bill NELSON  Calendar Year-To-Date Per Election for Office Sought  Malling Address 20 Calabria Ave., #303  Malling Address 20 Calabria Ave., #303  Malling Address 20 Calabria Composed by Expenditure:  E-Marc Lewis  Malling Address 20 Calabria Ave., #303  Malling Address 20 Calabria Composed by Expenditure:  CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought  Category Type 002  Disbursement For: Primary General 2012  Amount  Office Sought: Transaction ID: \$E.76955  Category One of Expenditure  E-Marc Lewis  Office Sought: Transaction ID: \$E.76955  Transaction ID: \$E.76955  Transaction ID: \$E.76955  Category One of Expenditure  E-Marc Lewis  Office Sought: Transaction ID: \$E.76955  Cond Gable FL 33134  Transaction ID: \$E.76955  Transaction ID: \$E.769	Check If 24-hour report X 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y			
Mailing Address 570 Liberty St., SE  City State Zip Code OR 97301  Transaction ID : \$E.76951  Purpose of Expenditure IE-Nelson-Research/Writing Categopy/ In June (Last, First, Middle Initial) of Payee Marc Lewis  Mailing Address 20 Calabria Ave., #303  Mailing Address 20 Calabria Ave., #303  Purpose of Expenditure IE-Nelson State: FL Senate President Struct On President State: FL Senate President Struct On Struct	Full Name (Last, First, Middle Initial) of Payee				
Mailing Address 570 Liberty St., SE  City State Zip Code OR 97301  Furpose of Expenditure IE-Nelson-Research/Writing Category/ Type 001  Name of Federal Candidate Supported or Opposed by Expenditure:  BILL NELSON  Calendar Year-To-Date Per Election for Office Sought FL 33134  Full Name (Last, First, Middle Initial) of Payee Marc Lewis  Mailing Address 20 Calabria Ave., #303  City State Zip Code Office Sought FL 33134  Furpose of Expenditure  E-Mack Travel  Category/ Type 002  Name of Federal Candidate Supported or Opposed by Expenditure:  Convert General Candidate Supported or Opposed by Expenditures  Check One: Support Oppose  Office Sought House  State: FL  Disbursement For: Primary Support Oppose  Check One: Support Oppose  Check One: Support Oppose  Check One: Support Oppose  Convert General Candidate Supported Opposed by Expenditures  Check One: Support Oppose  Check One: Support	· · · · · · · · · · · · · · · · · · ·	M M / D D / Y Y Y Y			
City State OR 97301  Purpose of Expenditure ItE-Molson-ResearchWriting  Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON  Calendar Year-To-Date Per Election for Office Sought  Full Name (Last, First, Middle Initial) of Payee Marc Lewis  Mailing Address 20 Calabria Ave., #303  Amount  City State Zip Code FL 33134  Fun Amount  City Senate District: 00  President  Disbursement For: Primary Ceneral 2012  Other (specify)  Amount  City Salem  Oppose  Date  Marc Lest, First, Middle Initial) of Payee Marc Lewis  Mailing Address 20 Calabria Ave., #303  Amount  City Salem  Oppose  Category Oo2  Transaction ID: SE.76955  Transaction ID: SE.76955  Oppose  Date  Marc Lest, First, Middle Initial) of Payee Marc Lewis  Mailing Address 20 Calabria Ave., #303  Amount  City Salem  Oppose  Category Oo2  Transaction ID: SE.76955  Oppose  Date  Office Sought: House State: FL Senate District: 00  President  Oppose  Connie MACK  Category Oo2  Type Oo	Mailing Address 570 Liberty St., SE				
Salem  OR  97301  Transaction ID: SE.76951  Purpose of Expenditure IE-Nelson-Research/Writing  Category/ Iype  O01  Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON  Calendar Year-To-Date Per Election for Office Sought  Full Name (Last, First, Middle Initial) of Payee  Marc Lewis  Mailing Address 20 Calabria Ave., #303  City  State FL  33134  City  State FL  33134  Transaction ID: SE.76951  Check One: Support  Oppose  Date  Mailing Address 20 Calabria Ave., #303  Amount  City  State FL  33134  Transaction ID: SE.76955  Office Sought: House  State: FL  305,60  Transaction ID: SE.76955  Office Sought: House  State: FL  305,60  Transaction ID: SE.76955  Office Sought: House  State: FL  Senate District: 00  President Check One: Support Office Sought: House  Category/ Type  O02  Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) are political party committee or its agent.  Ryam Hecker  [Electronically Filed]  Date  Office Sought:  House State: FL  2012 Other (specify)	City. Chata Zin Coda	Amount			
Purpose of Expenditure IE-Nelson-Research/Writing  Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON  Calendar Year-To-Date Per Election for Office Sought  Full Name (Last, First, Middle Initial) of Payee Marc Lewis  Mailing Address 20 Calabria Ave., #303  City Coral Gable FL 33134  Transaction D: SE.76955  Purpose of Expenditure E-Meack-Travel  Connie Mack  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Od2  Office Sought:  House State: Prisident  Amount  Category/ Type  Od2  Office Sought:  FL 33134  Transaction D: SE.76955  Purpose of Expenditure E-Meack-Travel  Connie Mack  Category/ Type  Od2  Disbursement For: Senate Solate: FL Senate Solate: FL Senate District: OD President  Connie Sought:  Transaction D: SE.76955  Furpose of Expenditure Connie Mack  Category/ Type  Od2  Office Sought:  Fl Senate District: OD President  Amount  Category/ Type  Od2  Office Sought:  Fl Senate District: OD President  Transaction D: SE.76955  Furpose of Expenditure Connie Mack  Category/ Type  Od2  Office Sought:  Fl Senate District: OD President  Transaction D: SE.76955  Furpose of Expenditure Senate District: OD President  Transaction D: SE.76955  Transaction D: SE.76955  Transaction D: SE.76955  Transaction D: SE.76955  Office Sought:  Transaction D: SE.76955  Office Sought:  Transaction D: SE.76955  Transaction		-999-			
BILL NELSON  Calendar Year-To-Date Per Election for Office Sought  Full Name (Last, First, Middle Initial) of Payee Marc Lewis  Mailing Address 20 Calabria Ave., #303  Amount  City State Zip Code FL 33134  Transaction ID : \$E.7695  Coral Gable FL 33134  Transaction ID : \$E.7695  Senate District: 00  President  Connie Sought  Connie So	IE-Nelson-Research/Writing	Sonato -			
Calendar Year-To-Date Per Election for Office Sought  Full Name (Last, First, Middle Initial) of Payee Marc Lewis  Mailing Address 20 Calabria Ave., #303  City State Zip Code Coral Gable FL 33134  Purpose of Expenditure IE-Mack-Travel  Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  (b) SUBTOTAL of Unitemized Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Pishursement For: Primary Senate District: 00 President  Check One: Support Oppose  Disbursement For: Primary General 2012 Other (specify)  Check One: Support Oppose  Disbursement For: Primary General 2012 Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Name of Federal Candidate Supported or Opposed by Expenditure:	President			
Full Name (Last, First, Middle Initial) of Payee  Marc Lewis  Mailing Address 20 Calabria Ave., #303  City State Zip Code Coral Gable FL 33134  Purpose of Expenditure  IE-Mack-Travel  Category/ 002  Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	BILL NELSON				
Mailing Address 20 Calabria Ave., #303  City State Zip Code Coral Gable FL 33134  Transaction ID : SE.76955  Purpose of Expenditure IE-Mack-Travel  Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought 1236.91  Category/ Type 002  Category/ Type 002  Check One: Support Oppose  Check	Caleridal Year-10-Date Per Election 5140 62	010			
Mailing Address 20 Calabria Ave., #303  City State Zip Code Transaction ID: SE.76955  Purpose of Expenditure IE-Mack-Travel		M = M / D = D / Y = Y = Y			
City State Zip Code 3305.60  Coral Gable FL 33134  Purpose of Expenditure IE-Mack-Travel  Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought  1236.91  Other (specify)	Mailing Address 20 Calabria Ave., #303	08 14 2012			
Coral Gable  FL 33134  Transaction ID: SE.76955  Purpose of Expenditure IE-Mack-Travel  Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ryan Hecker  [Electronically Filed]  Date  Transaction ID: SE.76955  Transaction ID: SE.76955  Office Sought:  House State: FL  District: 00  President  Check One: X Support Oppose  Primary X General  2012  Other (specify)  Other (specify)  Under penalty of Individual Independent Expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Amount			
Purpose of Expenditure IE-Mack-Travel  Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		305.60			
IE-Mack-Travel   Category   Type   002   Senate   District:   00   President   Check One:   Support   Oppose	33.01	Ctotal			
CONNIE MACK  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	JE Mack Traval	Senate District: 00			
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate Supported or Opposed by Expenditure:				
(a) SUBTOTAL of Itemized Independent Expenditures	CONNIE MACK	Check One: Support Oppose			
(c) TOTAL Independent Expenditures	Calefidal Teal-To-Date Fel Election 1236 91	2012			
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures	3455 60			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Ryan Hecker	(a) 333131AE of hornized independent Expenditures	3400.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Ryan Hecker   [Electronically Filed]   Date	(b) SUBTOTAL of Unitemized Independent Expenditures				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ryan Hecker  [Electronically Filed]  Date    M M M   D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(c) TOTAL Independent Expenditures				
[Electronically Filed] Date 08 25 2012	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political				
	[EL - 4				
		20 2012			

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)	PAGE 4 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA	C C00499020			
Check If 24-hour report 48-hour report New report Amends re	eport filed on			
Full Name (Last, First, Middle Initial) of Payee				
Debbie Wilson	Date			
Mailing Address 1443 Jumana Loop	08 14 2012  Amount			
City State Zip Code	Amount			
Apollo Beach FL 33572	753.71 Transaction ID : SE.76956			
Purpose of Expenditure IE-Mack-Travel Category/ Type 002	Office Sought: House State: FL Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
CONNIE MACK	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  2012 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
	M = M / D = D / Y = Y = Y			
Mailing Address				
Walling / Addices	Amount			
City State Zip Code				
State Zip Code				
Purpose of Expenditure Category/	Office Sought: House State:			
Type	Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
The state of the s				
(a) SUBTOTAL of Itemized Independent Expenditures	753.71			
(b) SUBTOTAL of Unitemized Independent Expenditures	····· <b>&gt;</b>			
(c) TOTAL Independent Expenditures	92044.43			
	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ryan Hecker [Electronically Filed]	ate 08 25 2012			
Signature	ate 08 25 2012			